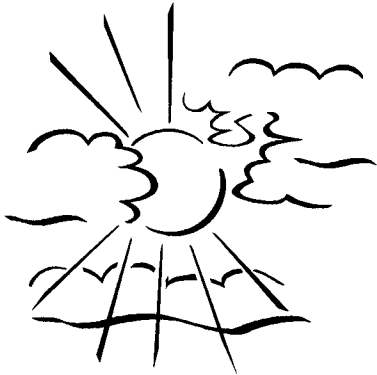


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Articles in Today's Clips

Friday, February 3, 2006

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Michigan Report

February 2, 2006

STATE STUDYING EFFECT OF FEDERAL BILL AS BUDGET LOOMS

With Governor Jennifer Granholm scheduled to deliver her 2006-07 fiscal year budget to the Legislature in one week's time, state officials began on Thursday reviewing the \$39 billion budget deficit reduction package the U.S. House passed for the potential effect on Michigan.

Liz Boyd, Ms. Granholm's spokesperson, said the federal bill should have no effect on the current 2005-06 budget, but will begin to have an effect on the 2006-07 budget and beyond.

In fact, an official in the State Budget Office said early analysis of the federal bill indicates it will have a greater impact on the budgets beginning with the 2007-08 fiscal year.

Over a five-year period the effect will be at least several hundred million dollars, Ms. Boyd said, and perhaps as much as \$1 billion.

"We believe our leaders in Washington have let us down again," Ms. Boyd said.

The measure passed the U.S. House with two votes to spare after more than a dozen Republicans voted against the bill. Last month, Vice President Dick Cheney had to cast the deciding vote in the Senate to approve the measure.

The bill is the first major cut in entitlement programs since 1997.

Democrats in Michigan's U.S. House delegation pilloried the measure. U.S. Rep. John Dingell (D-Dearborn) blasted it as, "Exhibit A for special interests and lobbyists writing legislation behind closed doors at the expense of the ordinary citizen."

U.S. Rep. Sander Levin (D-Southfield) charged that Republicans were, "turning their backs on the children of this country."

But U.S. Rep. David Camp (R-Midland) who voted for the bill called it a "modest but important" step towards returning the nation to a balanced federal budget. "Failing to put federal spending under control puts our future at risk and our children at risk," he said.

Final meetings and decisions on the state budget are taking place on Thursday and Friday, the budget official said.

House passes cuts to Medicaid, student loans

\$39 billion deficit reduction bill pass on party-line vote

Thursday, February 2, 2006; Posted: 8:34 a.m. EST (13:34 GMT)

WASHINGTON (AP) -- The budget-cutting bill awaiting President Bush's signature may only make a small dent in the nation's huge deficit, but he is expected to propose more cuts in his 2007 plan, including farm subsidies, Medicaid and Medicare.

The House on Wednesday sent Bush a major bill cutting benefit programs like Medicaid and student loan subsidies. The president is ready to sign the bill and move on to next year's budget cycle.

On February 6, he is releasing his 2007 budget plan, which is likely to call for new cuts to benefits programs like farm subsidies, Medicaid, food stamps and Medicare. Many lawmakers and budget experts are skeptical, though, of the chances for another budget-cut bill during an election year.

The House passed the bill 216-214 on Wednesday, mostly along party lines. It was Congress' first attempt in eight years to slow the growth of benefit programs like Medicaid and student loan subsidies.

Republicans hailed the five-year, \$39 billion budget-cutting bill as an important first step to restoring discipline on spending.

"Once again, House Republicans are on record as defending budget discipline," said Acting Majority Leader Roy Blunt, R-Mo. "We have achieved \$39 billion in savings, while streamlining government."

Democrats attacked the measure as an assault on college students and Medicaid patients and said powerful Washington lobbyists had too much influence on it.

"As the Republican budget ax fell on the poor and students, powerful special interests were cutting special deals in the conference committee," said Minority Whip Steny Hoyer, D-Maryland.

The bill blends modest cuts to planned spending on Medicaid, Medicare and student loan subsidies with a renewal of the 1996 welfare reform bill and \$10 billion in new revenues from auctioning television airwaves to wireless companies. Dairy farmers with smaller herds won a \$1 billion extension of a subsidy program that pays them if milk prices drop. Physicians were spared a 4 percent cut in Medicare fees, but radiologists and home health care providers participating in the program would face cuts in their scheduled payments.

The \$39 billion in cuts are generally small compared with deficits expected to total \$1.3 trillion or more through 2010. Still, the bill set off a brawl between Democrats and Republicans and whipped up opposition from interest groups like AARP.

The House passed a nearly identical bill December 19, but the chamber held an unusual revote because Senate Democrats forced technical changes that the House needed to accept before the bill could be sent to Bush's desk.

Republicans said the measure cemented the GOP's status as the party of smaller, more efficient government. But Democrats said the measure, when combined with an upcoming bill cutting taxes by about \$70 billion, would lead to an increase in the deficit.

As if on cue, the Senate kicked off debate on a tax cut bill that would revive some expired tax breaks and safeguard millions more families from paying the alternative minimum tax. The House version of that bill would extend tax cuts for capital gains and dividends.

The powerful AARP seniors lobby, student groups, radiologists, pediatricians and others have mounted a month-long campaign against the bill, making some lawmakers uncomfortable with their earlier votes in December.

"Over the intervening month, people that I know and respect have gone through the details of this legislation ... and they've said, 'This is really a disaster,'" said Rep. Rob Simmons, D-Connecticut, who switched his vote from "aye" to "nay." Simmons was one of 13 Republicans to oppose the bill, joining 200 Democrats and liberal Independent Bernard Sanders of Vermont.

AARP is opposed to a provision tightening Medicaid nursing home care rules regarding people who shed assets to qualify for such care.

Pediatricians say provisions allowing states to eliminate some guaranteed Medicaid child health care services and charge new and increased co-payments would end up hurting children by driving tens of thousands of beneficiaries out of the program.

Student groups charged the bill harmed college student through \$11.9 billion in cuts to the student loan program, including higher fees on student and higher interest rates on parent loans.

But Republicans countered that the lions share of the savings came from lender subsidies and that much of the savings was channeled into a grant program for low-income college students studying math, science or specialty languages.

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Improving health access boosts state economy

G ov. Jennifer M. Granholm last week outlined the next steps in her concrete, aggressive plan for investment in our 21st-century economy. It includes a long-term plan to improve access to health care services for many who have no access to health care and no help with high health costs. In Michigan and around the nation, the growing cost of health care has taxed our employer-based health care system, contributing to the crisis in the manufacturing sector and the continued rise in Medicaid enrollment.

Throughout the Granholm administration, we have attacked these challenges within our state's Medicaid program -- through efficiencies and cost containment initiatives -- that have limited per capita growth to reduce prescription drug costs.

Because of our ability to control costs while providing high-quality health care services, Medicaid per capita spending only grew 1 percent last year, compared with 11 percent for private insurance. We have not reduced our state's Medicaid program, despite severe budget challenges throughout state government. This has ensured a strong safety net has remained in place for our most vulnerable citizens.

Despite these efforts, Michigan still has too many citizens -- more than 1 million -- without health insurance coverage. The governor's new strategy focuses heavily on addressing this critical issue.

Through the creation of the Michigan First Health Care Plan, we will dramatically expand access to high-quality, affordable health insurance in Michigan.

The Michigan First Health Care Plan will give more than a half-million Michigan citizens access to affordable private health care plans. Most important, this plan will help small business employees, the self-employed and working poor citizens -- most of whom do not have access to health insurance through their place of work and do not qualify for government programs like Medicaid.

Guided by principles of fairness and ability to pay, individuals with incomes below 100 percent of the federal poverty level (\$19,350 for a family of four) will pay minimal out-of-pocket costs. Everyone will pay something -- and people enrolled in the program are expected to increase their contribution as their incomes rise.

Ultimately, Michigan First recognizes that cutting the number of uninsured citizens in our state benefits all citizens and our economy by reducing the financial burden on Michigan businesses and citizens who subsidize care for the uninsured -- to the tune of \$730 per year per family.

Families that participate in this program will pick benefit packages that will include basic preventative and primary care coverage, emergency room services, hospitalization, mental health care and prescription drug coverage.

Everyone also will be expected to take personal responsibility for healthy behaviors under this proposal. Private insurers that will partner with us in this endeavor will be expected to offer plans that encourage this activity.

Our conversations with the federal government will continue as we finalize the details of our plan, which we hope to implement by April 2007. We have strong indications from the federal government that Michigan will receive approval for the program and look forward to working with the State Legislature as we increase health care access for people without health insurance.

Janet Olszewski is director of the Michigan Department of Community Health. Send letters to The News at 615 W. Lafayette, Detroit, MI 48226 or (313) 222-6417 or letters@detnews.com.

Editorial

The Lopsided Bush Health Plan

The New York Times

Published: February 3, 2006

The health care proposals put forth by President Bush in his State of the Union address this week will not make much of a dent in the two main problems plaguing the nation's health care system — the escalating costs and the growing legions of the uninsured. His proposals simply show where he and many conservatives want health care financing to go — toward a system where consumers will be expected to pay more of their care themselves, in the hope that they will therefore use medical services sparingly and shop for them more wisely.

Proponents believe this approach will wring unneeded expenditures out of the system, by lessening the likelihood that people will seek medical help for every minor ailment or by pushing people to visit a doctor's office rather than an expensive emergency room. But many low- and moderate-income people will most likely pass up care that they need until they become desperately sick and then encounter much higher costs down the line.

The president's key proposal calls for expanding the use of tax-free health savings accounts, where consumers who take out a high-deductible insurance policy can invest money in a tax-free savings account for routine medical expenses. The high-deductible policy would cost less than traditional comprehensive coverage, thus making insurance more affordable. Money spent from the savings accounts would escape taxation, thus providing a tax subsidy for all medical purchases.

Mr. Bush wants to make the accounts more attractive by increasing the amount that can be deposited in them and tweaking the tax advantages. The tax-free accounts have the virtue of making it possible for some low-income people and the companies that employ them to afford at least bare-bones insurance. Some coverage is clearly better than no coverage. But the accounts seem unlikely to attract more than a small portion of the 46 million people who lack health insurance.

Unsurprisingly, the accounts favor the healthy and wealthy at the expense of the poor and chronically sick. Those who are relatively well off get a bigger tax break and have more discretionary income to invest in an account and less need to withdraw money from the account, especially if they are healthy. Indeed, some informed estimates suggest that a substantial chunk of investors would never use the money for medical purposes but would instead treat the accounts as another tax-privileged retirement fund, like 401(k)'s.

Many people with low or moderate incomes, by contrast, would find it hard to deposit money in the accounts or allow any deposits to accumulate over the years. So far, the accounts seem to have attracted more interest from banks, which are salivating over the prospect of collecting management fees, and from health plans than they have from consumers, who have been slow to sign up for the accounts or to put money into them.

Health savings accounts are not apt to trim the nation's health expenditures by much because they do not attack the root causes of high medical costs, and they will have no effect on the

relatively small percentage of high-cost patients who account for most of the nation's medical spending.

The great danger is that health savings accounts could accelerate the erosion of traditional employer-provided insurance, as companies try to reduce their health expenditures by shifting more of the costs onto workers. If the healthiest employees jump to tax-free accounts in large numbers, they will leave traditional health plans saddled with sicker and older employees, whose needs will force a rise in premiums, making comprehensive coverage even harder to sustain. These new accounts will need to be studied closely to make sure they do not cause more harm than good.

REPORT NO. --, VOLUME 35

Michigan Report

February 2, 2006

COMMITTEE LOOKS AT SOUTHERN STATE MEDICAID REFORM

Reforming the Medicaid system at the state level and its implications to beneficiaries are changes similar to welfare reforms, the director of the American Legislative Exchange Council's Health and Human Services taskforce told the House Medicaid and Reform Committee on Thursday.

Director Christie Raniszewski Herrera gave the committee an overview of the Medicaid program, highlighting reforms underway in South Carolina and Florida she said look to be successful in both alleviating state budget pressures and providing recipients with more responsibility and flexibility in choosing their healthcare coverage. ALEC is the nation's largest conservative, non-partisan group of legislative members.

Ms. Raniszewski said that federal matching money, \$2.45 for every \$1 of state money contributed to the program in Michigan, as well as factors that force people to stay in the system are what has contributed to the ever-rising cost of Medicaid.

"It just doesn't pay for doctors to see Medicaid patients," she said because healthcare providers only end up receiving 73 cents toward the \$1 of coverage they give. Only 39 percent of Medicaid spending goes toward mandatory coverage, Ms. Raniszewski said.

Medicaid runs similarly to welfare assistance and reforms can be legislated in states by focusing on making people more self-sufficient, she said. "Instead of expanding eligibility, the goal of Medicaid reform should be to return as many people to the private market," which will drive down overall costs because less consumption of the "free" Medicaid program, she said.

In states such as South Carolina, which has its Medicaid waiver currently under review, officials want to switch from a fee for service method to supplying a Personal Health Account for recipients, where the amount received would be based on age, health and other risk factors. People receive reward cards toward their health savings account if they maintain a healthy lifestyle or keep their account balance at a stable level, Ms. Raniszewski said.

The vast majority of Michigan Medicaid recipients were converted to health maintenance organization-style systems in the 1990s.

The South Carolina program is self-directed because recipients choose their major medical benefits plan and decide where they want to receive community care such as where to get prescription drugs with the help of state enrollment counselors. The current system doesn't allow recipients to shop around and create savings for their treatment, Ms. Raniszewski said.

In Florida, the state had 47 different Medicaid programs people were eligible for, so officials there wanted to simplify the system, she said. The state will assume the risk for catastrophic coverage so that healthcare providers would be more willing to give coverage to less populated areas. The implementation of a pilot program for the Florida system is scheduled to start in June.

Committee Chair Rep. Gary Newell (R-Saranac) said next week members would discuss more on long-term care for Medicaid recipients.

While the elderly account for a small population on Medicaid, their costs are one of the highest to the system, Ms. Raniszewski said.

While committee Republicans questioned how the process of the reforms worked and what the response was, committee Democrats were cautious of the southern state models because of the push for recipients, who are already burdened, low-income residents, to be more self-sufficient in their program selections.

"I get the feeling we're jamming a square peg in a circle hole," said Rep. Andy Dillon (D-Redford). "I don't think this South Carolina model will work (because of it's complexity)."

Mr. Dillon said that reforming a system that is broken in the first place is "nibbling at the edges" of what Medicaid recipients really need.

Ms. Raniszewski argued that Medicaid recipients would be more adaptable to any reforms, similar to how people learn more when a technological advance is made. She also emphasized that the state would provide counselors to help people understand the changes and make informed decisions.

Rep. Doug Bennett (D-Muskegon) said that officials should look to see how the South Carolina and Florida models play out, but Mr. Newell argued that the state couldn't wait too long because Medicaid costs continue to increase and there is not an increased flux of state revenues to support the system.

Federal Costs Dropping Under New Medicare Drug Plan

By ROBERT PEAR
The New York Times

Published: February 3, 2006

WASHINGTON, Feb. 2 — Federal spending on the new Medicare drug benefit will be 20 percent lower than expected this year because beneficiaries are choosing prescription drug plans with lower premiums, the Bush administration said Thursday.

"People are tending to sign up for less expensive plans," said Dr. Mark B. McClellan, administrator of the federal Centers for Medicare and Medicaid Services.

To some experts, the new estimates suggest that the Bush administration's philosophical approach of encouraging private-market competition to hold down costs is working.

John K. Gorman, a former Medicare official who is now a consultant to many insurers, said:

"Competitive bidding is working for beneficiaries and for taxpayers. This will force some consolidation of drug plans. Only a few big companies, like Humana and UnitedHealth, can keep up with this kind of aggressive pricing."

Beneficiary premiums are now expected to average \$25 a month, down from the \$37 projected last year, Dr. McClellan said. The figures came from the office of the Medicare actuary, a career civil servant.

Another factor involves a national trend: Insurers reined in drug costs, and as a result spending on prescription drugs grew less than expected in 2004 and 2005. The government now estimates that drug costs for Medicare in 2006 will be lower, as well.

When Congress debated the Medicare drug bill in 2003, lawmakers feared that some regions might not have even two competing drug plans. Now, in almost every state, more than 40 free-standing drug plans are available. Every state but Alaska has at least one plan with a premium less than \$20 a month.

The net cost to the federal government for Medicare drug coverage in 2006 is expected to be \$30.5 billion, down from a prior estimate of \$38.1 billion — a difference of \$7.6 billion, or 20 percent. The estimated cost over 10 years is also lower: \$678 billion, down 8 percent from the earlier estimate of \$737 billion for the decade from 2006 to 2015.

One reason for the lower cost is the intense competition among private insurers offering drug coverage. But the multiplicity of drug plans has caused confusion among beneficiaries and pharmacists.

Senator Thomas R. Carper, Democrat of Delaware, who voted for the 2003 law that created the drug benefit, said: "The Centers for Medicare and Medicaid Services approved too many plans. For many of our seniors, the system is almost incomprehensible." Mr. Carper made the comment Thursday at a hearing of the Senate Special Committee on Aging.

In August, after reviewing bids from private insurers, the Bush administration lowered its estimate of the average premium to \$32 a month, from \$37. But it had no firm estimate of

savings to the government, and it did not anticipate the behavior of beneficiaries in choosing cheaper plans. Enrollment began on Nov. 15.

Insurers try to save money by negotiating discounts with drug manufacturers and retail pharmacists. Actuaries said the discounts proved to be larger than they had expected.

Under blistering criticism from senators of both parties, the Bush administration announced several steps on Thursday to help beneficiaries who could not get their medications through Medicare. Democrats said they doubted the steps would be sufficient to solve all the problems in the program, which began Jan. 1.

On Thursday, the Senate rejected an effort by Democrats to extend the enrollment deadline for the program from May 15 until Dec. 31.

Insurers had been required to provide a temporary 30-day supply of any drug that a beneficiary was previously taking. Beneficiaries and pharmacists say that many insurers have flouted this requirement.

Anticipating more problems, the Bush administration said that insurers must provide an additional 60-day supply of medicine, guaranteeing 90 days of transitional coverage.

At Thursday's hearing, Senator Ron Wyden, Democrat of Oregon, told Dr. McClellan he had done "great damage to the cause of private-sector choice" in health care. With so many plans available, he said, "it's bedlam out there."

Mr. Wyden voted for the drug benefit in 2003, but said: "I did not conceive that the rollout of the new program would be bungled this way."

The aging- panel chairman, Senator Gordon H. Smith, Republican of Oregon, said the administration had not done enough to ensure a smooth transition for six million low-income people who lost Medicaid drug coverage on Jan. 1 and were to receive drug coverage under Medicare.

Levin, Stabenow push prescription drug proposal

2/2/2006, 6:32 p.m. ET

By KEN THOMAS
The Associated Press

WASHINGTON (AP) — Sens. Carl Levin and Debbie Stabenow, concerned that a new prescription drug plan has caused massive confusion, said Thursday they would seek a series of changes to the program.

Levin, D-Mich., said the legislation would try to reform the new Medicare prescription drug benefit, which started Jan. 1 and has been criticized by some seniors and pharmacists as being confusing and costly.

"They're angry, they're upset and they're confused by all of the complications in this program," Levin said. About 860,000 people in Michigan are using the new program.

Under the new system, about 42 million senior citizens and disabled across the nation can enroll in private plans run by insurers and pharmaceutical benefit companies. The government subsidizes the drug coverage, with additional subsidies provided for the poor.

Because of the problems, the Bush administration has asked private insurers to provide older people with an additional 60-day supply of their medicine in emergency cases.

Mark McClellan, head of the Centers for Medicare and Medicaid Services, said at a Senate hearing Thursday that the program is working for most people and competition among the private plans is driving down costs.

The administration said premiums would average about \$25 a month, compared with the \$37 projected when the program was approved.

But Levin and Stabenow said many changes are needed. Their bill would try to restore a discount program for low-income seniors and waive co-payments for former Medicaid recipients who have been moved into the program and been forced to pay an increase in co-pays.

"These aren't just issues of bureaucracy and inconvenience — when it comes to seniors getting the medicine they need it can be a matter of life and death," said Stabenow, D-Mich.

The legislation would also bar insurers from removing medications from their plan's list of covered drugs until the beginning of each year and remove language that prevents the Department of Health and Human Services from using its bargaining power to negotiate bulk discount pricing.

Levin said many seniors are signing up for specific plans, only to learn later that the insurer has dropped their medications from the list. The bill would require the list's provider to give notice well before the open enrollment period during the end of every year.

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Friday, February 03, 2006

Grand Rapids Press

Letters to the editor

Universal health care

Listening to the State of the Union speech when President Bush described his health care package reminded me of all the gimmicks played out by our government for the benefit of HMOs, insurers and pharmaceutical companies.

President Bush stated that the government should provide health care for the poor and elderly. But in the past, service has been diminished in both Medicaid and Medicare and speculation is that it will be in the 2007 budget. A broken health care system is bankrupting middle class America. About 45 million Americans are without health care insurance.

Just about every industrialized country in the world has some sort of universal health care. But the richest nation on Earth that is supporting and financing the end of global poverty cannot bring about affordable health care for its people. Health care costs are controlled by insurers, HMOs, pharmaceutical companies etc, and distributed through a system of maximum profit and not through a system of necessity. Under a universal health care system it would be possible to eliminate insurers, HMOs, executive salaries, paperwork, profits and have the ability to have a huge bargaining power when it comes to pharmaceuticals.

It is time for universal health care to be brought to the forefront. It is time for the House and Senate, Democrats and Republicans, to put their best interest aside and do what is right for their constituents and the country's well-being and bring universal health care to the forefront. Will they?

JIM HOWARD/Lowell

Health clinic moves to Milwood

Friday, February 03, 2006

efinley@kalamazoo Gazette.com 388-8777

The First Presbyterian Church Health Clinic has moved into its new facility and will open its doors this month to once again serve local residents who cannot afford health care.

Workers and volunteers are busy setting up the new operation at 2918 Portage St., and a ribbon-cutting ceremony is tentatively scheduled for Feb. 15. The clinic will open as soon as possible after the ceremony, said Jane Zwiers, the clinic's director.

The clinic had been housed in First Presbyterian Church, 321 W. South St., but was forced to move while the church undergoes renovations.

"We knew that we couldn't stay in the church during the renovation," Zwiers said. "And it just seemed prudent to get our own space and move once and be able to open as soon as possible."

The clinic offers free medical and dental screenings and treatment to Kalamazoo County residents who are uninsured and have income less than 200 percent of the federal poverty level. During the clinic's move, workers have continued to serve patients who are on medication and have referred others to the Family Health Center at 117 W. Paterson St. or 2030 Portage St., Zwiers said.

The clinic's services will open in a graduated way, Zwiers said, beginning with evening walk-in sessions.

The clinic still will have a presence at the church after the renovations are done, such as a help desk to direct walk-ins to its new clinic or other agencies, Zwiers said. The details will be finalized after the need downtown is evaluated.

The new Milwood neighborhood location on Portage Street and just north of Lovers Lane is near a Metro Transit stop and is in an area where many of the clinic's clients reside.

"Over half of all the patient visits over the last 10 years came from the east side of the city, so that's what directed us to the area that we moved to," Zwiers said.

A grant from Blue Cross Blue Shield of Michigan has allowed volunteers to purchase new clinical, computer and office equipment as well as a new phone system for the new facility, Zwiers said.

Volunteers will host an open house at the new location once the weather improves.

The building, formerly a warehouse, was purchased for \$96,000 through a capital campaign last year that raised more than \$400,000. The money also will cover renovations and equipment.

The building has about 6,200 square feet, about double the usable space of the old clinic, Zwiers said.

Volunteers typically serve between 30 and 50 urgent-care patients every week, she said. Sixty-five percent of the patients they serve every month are new to the clinic.

"We're going to definitely work harder to do more," she said. "We all feel, I think, that the community has been wonderfully supportive."

"We intend to work our very hardest to see more people and do as good a job as we possibly can with as much need as is out there."

Children's exams set for free care at Shriners

HOMETOWN HEADLINES

DAVISON

THE FLINT JOURNAL FIRST EDITION

Friday, February 03, 2006

By Shantell M. Kirkendoll

skirkendoll@flintjournal.com • 810.766.6366

DAVISON - Children with bone diseases or acute burns will be evaluated noon-3 p.m. Saturday for free care at the Shriners Hospital for Children.

The mini-clinic held at Davison Masonic Temple, 9108 Davison Road, will review applicants for surgery or treatment from Shriners. The hospital cares for patients under age 18.

Children can get help for scoliosis, brittle bone disease, orthopedic problems of cerebral palsy, rheumatoid arthritis, rickets, spina bifida, limb deficiencies and growth problems, club foot or dislocated hip, missing limbs, cleft palate, dwarfism and reconstructive surgery for scarring and facial deformity from serious burns.

A parent or guardian must present the child's birth certificate, immunization records, Social Security number and, if relevant, any custody, divorce decree or adoption papers.

Details: Jamie Curtis, (810) 444-6171 or Dr. Cheri Mys-Curtis, (810) 833-1303.

MIRS

February 2, 2006

Rising Leaving For Detroit Medical Center

State Treasurer Jay **RISING** is leaving his cabinet-level post to become the vice president and chief financial officer at the Detroit Medical Center (DMC).

Gov. Jennifer **GRANHOLM** was informed of Rising's departure last month while legislative Democrats were told of his impending departure this morning. Late in 2005, Rising was approached by DMC officials and asked to consider a management position there. After serious consideration and lengthy discussions with his family, Rising opted to take the job.

"I have truly enjoyed my second go 'round here at Treasury," Rising said. "While this was not an easy decision to make, DMC offered an opportunity I couldn't pass up."

Rising was one of Granholm's first appointments when she brought him in to be the state's 42nd Treasurer in January 2003. Formerly, he practiced law with Miller, Canfield, Paddock and Stone, where he specialized in public law, state and municipal finance, public securities and development finance. Rising also served as deputy state treasurer for policy development and finance and chief deputy state Treasurer between 1983 and 1991.

Rising was the main architect behind the governor's Single Business Tax (SBT) re-write, which was significantly altered last year to become a few business tax credits.

"It has been an honor serving Governor Granholm and the citizens of Michigan," Rising said. "The Department of Treasury has made significant progress in the last three years, including streamlining tax processing and providing support services to school districts and local units of government, enhancing scholarship and loan programs designed to keep college affordable for Michigan families, and implementing the Governor's Jobs Today and 21st Century Jobs Fund initiatives to help create jobs. I am proud of all we have accomplished and know I leave the department in capable hands."

Granholm, who is currently considering potential replacements for Rising, said she was "indebted to him" for the many talents he brought to the administration.

"His advice and hard work on educational, economic and financial matters has been appreciated more than he will ever know," the governor said.

Senate Majority Leader Ken **SIKKEMA** (R-Wyoming) called Rising one of the most "honorable, intelligent and trustworthy individuals" he's ever had to opportunity to work with in state government.

"I have always found Jay to be forthright in his discussions with me and sincere in his desire to do the right thing," Sikkema said. "I wish him well in his new position at the Detroit Medical Center. I am truly sorry to see him leave; the Detroit Medical Center's gain is the state's loss."

Candlelight vigil for Ricky is today

Lansing State Journal

February 3, 2006

LANSING TWP. - A candlelight memorial for Ricky Holland will be held from 5 p.m. to 6:30 p.m. today, in front of the Wal-Mart by the Eastwood Towne Center mall.

More than 300 people are expected, including police and fire officials from several municipalities.

The remains of the Williamston boy, who had been missing since July, were found last Friday. His parents, Tim and Lisa Holland, have been jailed in connection with his death.

Editorial

Another Child, Beaten to Death

The New York Times

Published: February 3, 2006

Child welfare officials in New York have been feverishly reviewing cases and procedures in the weeks since 7-year-old Nixzmary Brown was tortured and beaten to death, despite numerous reports that she was at risk. But the reforms came too late for 4-year-old Quachaun Browne, who was horribly beaten to death this week, even though reports of trouble had brought caseworkers to the apartment that the boy shared with his siblings, his mother and her boyfriend, who has been charged with murdering the child.

The child welfare agency's commissioner came perilously close to rationalizing this child's death when he said that there was no evidence that caseworkers could have prevented this tragedy. At the same time, however, he said that the department should not have viewed reports of chronic neglect at this troubled home as isolated incidents.

Again, the child welfare agency received a half-dozen reports signaling problems. Caseworkers actually went inside the apartment four times in recent months and apparently saw nothing dangerously amiss. They also failed to determine that Quachaun's mother had acquired a live-in boyfriend, who had brought along a pit bull.

Nixzmary Brown's death highlighted shoddy casework, poor supervision and inadequate communication between the child-care agency and the police. Quachaun's death underscores the need for better investigative skills among caseworkers, who clearly need to be more observant and more skeptical of any facts presented to them. The most recent package of training initiatives put forward by City Hall should provide those skills — and quickly.

2/1/2006 11:00:00 AM

Sturgis man charged in abduction, sexual assault case

By Corky Emrick
Sturgis Journal

CENTREVILLE — A man police believe abducted and sexually assaulted a 10-year-old boy July 16 in Sturgis was arrested Monday.

Sean Lee Lucas, 21, of 502 E. West St., Sturgis, was arraigned Tuesday by St. Joseph County magistrate T.J. Reed.

At a video arraignment, Lucas was charged with kidnapping, first-degree criminal sexual conduct, home invasion, second-degree criminal sexual conduct and assault with a dangerous weapon.

After each charge, Lucas was asked if he understood the charge. He answered yes to all five counts.

Reed set bond at \$1 million and appointed Ronald Grubbs as Lucas' attorney.

Lucas is scheduled for a preliminary exam Feb. 9, with a pre-conference hearing set for Feb. 7.

At a press conference Tuesday, St. Joseph County Prosecutor Doug Fisher spoke to the media about the case.

"This was a terrifying crime," Fisher said. "There has been a tremendous amount of work, mostly old-fashioned police work. And with some additional specialized police work, Lucas was arrested. Law enforcement works better in small communities."

Police said they received some 140 tips in the case.

Sex offender gets prison time

Friday, February 03, 2006

The Grand Rapids Press

BELDING --

An Oakland County judge has ordered Belding resident Timothy Rosell Westbrook to serve between eight and 40 years in prison for trying to meet a person he believed to be a 14-year-old girl for sex last year. Westbrook, 47, a three-time sex-crime offender, chatted online with the "girl," who turned out to be a police officer, for 10 months leading up to a planned meeting at a Novi mall. He was found guilty of four felony charges. Westbrook served nearly eight years in prison after being convicted of sex assaults in 1989 and 1992.

Safe School Law aims to protect all children

By Dawn Wolfe Gutterman

Originally printed 2/2/2006 (Issue 1405 - Between The Lines News)

LANSING - On Jan. 25, state Representative Glenn Anderson introduced a bill that, if adopted, will make Michigan schools safer for all of the children who attend them.

"Matt's Safe School Law," a ban on bullying and harassment in public schools, is named after Matt Epling, a fourteen-year-old East Lansing student who killed himself in 2003 after a bullying incident involving several older students.

The bill would require all public schools to enact a ban on bullying or harassment of students "based on a pupil's actual or perceived religion, race, color, national origin, age, sex, sexual orientation, disability, height, weight, gender identity, socioeconomic status, or any other distinguishing characteristic or.... association with another person who has or is perceived to have any of these characteristics."

Anderson said he named the bill after reading a report about Epling in the Lansing State Journal, but that he has been worried about the subject for a long time.

"I had seen attempts to try to deal with the issue, they had never gone the full way through [to becoming a law]," Anderson said. "I just thought it was something that needed to be addressed and was hoping that I would have a possibility of getting it through."

Anderson said he is concerned about self-named "pro-family" groups that may oppose his bill because it includes protections for LGBT students.

"We've got to build a strong coalition of all groups and make it clear that this is for the protection of all children - they [LGBT kids] are on the receiving end more than other kids - but it's for the protection of all children across the state of Michigan."

Asked his opinion about groups that would stop a bill designed to make Michigan's schools safer for children, Anderson said, "No child in the state of Michigan in this date and time does not deserve a safe environment when they are at school for any reason."

"This bill is to ensure the safety of all our children, not only in our schools but within our communities," said Kevin Epling, Matt's father, of his reason for allowing Representative Anderson to name the bill after his deceased son. "A safe environment is a healthy learning environment, and that is what we are trying to establish."

Governor Jennifer Granholm agrees, to the extent that she mentioned the need for anti-bullying legislation during her Jan. 25 State of the State address.

Addressing Michigan's parents, Granholm said, "We'll also work to make sure that your children are safe in their schools. No child in Michigan should have to be the victim of a schoolyard bully, and no child should have their learning disrupted by a child who's unruly. That is why, tonight, I am urging this Legislature to require every school district in Michigan to have tough and effective anti-bullying policies."

According to a report conducted by Harris Interactive and released by the Gay Lesbian Straight Education Network in December, being perceived, as LGBT is actually the second-most cited reason that Michigan students are subjected to bullying.

"The most common types of bullying, name calling and harassment were based on appearance, actual or perceived sexual orientation, and gender expression. A majority (71 percent) of the students were harassed due to appearance, two-thirds (67 percent) were harassed because they

were or were thought to be lesbian, gay, or bisexual, and 60 percent were harassed due to their gender expression."

GLSEN isn't the only national organization concerned about bullying. According to the website of the federal government's National Youth Violence Prevention Center, "More than one in six students in grades 6 to 10 say they are bullied sometimes, and more than one in 12 say they are bullied once a week or more."

Michigan's students are also worried, according to the GLSEN report.

"More than a third (35 percent) of all Michigan students thought that bullying, name calling and harassment was a somewhat or serious problem in their schools," according to the report.

Michigan students who responded to the Harris poll also said that the staff at their schools isn't necessarily proactive in stopping harassment.

"When teachers or other staff heard derogatory remarks or biased language, intervention was not as common as expected. There was no correction or consequences when racist, homophobic, or sexist remarks were made as often as 30 percent, 27 percent, and 25 percent of the time respectively," the report says.

More troubling is the fact that students, perceiving a lack of support from teachers and staff, aren't reporting incidents of harassment or even physical bullying.

"A majority (67 percent) of students who experienced harassment or assault at school did not report it to a teacher, principal or other school staff person. More than a quarter (26 percent) of students said they didn't report incidents because they believed that school staff would not care or believe them, or that it would only make the situation worse," according to the report.

Matt's Safe School Law would mandate that school staff act on reports of bullying or harassment, while protecting children who report bullying or harassment from disciplinary action by the school. The bill also requires schools to form policies to discipline students who falsely report an incident of harassment or bullying.

A different GLSEN report, issued in 2004, reveals that while being perceived, as LGBT may be only the second reason that students are harassed and/or bullied at school, LGBT students are at a substantially high risk of being victimized.

"More than 84 percent of lesbian, gay, bisexual and transgender students report being verbally harassed because of their sexual orientation and nearly 40 percent report being physically harassed," the report says. "And while all of this is occurring nearly 85 percent of LGBT students report that faculty or staff never intervened or intervened only some of the time when present and homophobic remarks were made."

The 2004 report gave the state of Michigan a grade of F for its lack of protection for students.

Scholarship established

MacDonald Middle School in East Lansing has established a scholarship in Matt Epling's name. According to a web site about the scholarship, "Our hope is to keep Matt's memory alive by encouraging a creative way for 7th and 8th graders to express themselves through poetry, art and the wide variety of writing styles one can pursue." To donate, make a check out to the Matt Epling Creative Arts Scholarship/MacDonald Middle School and mail it to East Lansing Public Schools, 509 Burcham, East Lansing, MI, 48823.

Encourage your state Representative and Senator to support Matt's Safe School Law. To get contact information for your state Representative and Senator, call the Michigan State House Clerk's office at 517-373-0135 or visit http://house.michigan.gov/find_a_rep.asp.

Michigan Report

February 2, 2006

GRANHOLM TO SIGN HEALTH CARE BACKGROUND CHECK LAW

Governor Jennifer Granholm announced she will sign legislation that requires background checks for nursing home employees, a measure that is part of a federal initiative encouraging widespread background checks for people working directly with the elderly.

Ms. Granholm commended the Legislature in its bipartisan support of the background checks saying “these new protections will ensure that long-term care facilities are safe for citizens that call them home.”

So far the Michigan Department of Community Health has received \$5 million in federal funds to perform the checks. The state is part of a pilot project that will eventually incorporate background checks into most health professions providing direct care to vulnerable patients.

Both the House and Senate finished legislative work on the bills on Thursday.

Granholm Standing Behind Background Checks at Care Facilities

Feb 3, 2006, 06:31 AM EST

Governor Jennifer Granholm says she'll sign legislation that will make federal background checks mandatory in the state's 5,000 residential care facilities. When Diane Monroe and her family started looking for a nursing home for their dad Charles, they worried what kind of people might be taking care of him.

Diane Monroe, father's in nursing home: "It's hard enough to put them in a place, because they want to be home, so you want somebody that's going to be friendly to them and treat them like you would."

Diane wanted to make sure the people getting close to her father didn't have a history of preying on vulnerable adults. Now that Governor Granholm has promised to sign legislation to strengthen background checks for nursing homes employees, Diane says families like hers will have more piece of mind.

Diane Monroe: "You just want them to be safe, because they really can't do it for themselves, so you want them to have somebody they can trust."

Many nursing homes already do state and local criminal checks on potential employees, but under the new legislation, any worker with direct access to the elderly will be forced to have a federal criminal check. Those checks must be completed before any potential employees start work, and some facilities say the cost of those extensive criminal background checks could add up.

Erin Pribble, Dimondale Nursing Care Center: "It's anywhere from 60 to 75 dollars for a fingerprint check, so I knew the new legislation is calling for that, and you can imagine with a 250-person population how expensive it can get."

But people like Diane Monroe say no price is too high to protect the ones you love.

Diane Monroe: "Just the security that he can be in bed and not have to worry about stuff and just live his life to the fullest."

Child support taxed twice

FLINT JOURNAL LETTER TO THE EDITOR

FLINT

THE FLINT JOURNAL FIRST EDITION

Friday, February 03, 2006

JOURNAL READER

Parents who pay child support are not allowed to claim a deduction, so they pay taxes on that income. And the parents who receive child support must claim it as income and pay taxes on it, too. This is not fair to the children or the parents on either side of the equation. How can Congress let this happen? I believe either the parent paying should be able to reduce their gross income, or the parent receiving shouldn't have to claim it. Those few tax dollars should go to meet the needs of the children, many of whom are from low-income families. if you agree, please call your elected officials.

Steven Drews
Lapeer

Town stunned as son accused in father's slaying

Friday, February 03, 2006

By HELEN LOUNSBURY
BAY CITY TIMES WRITER

GLENNIE - Though a day had passed since police reported a 13-year-old shooting his father to death near Glennie, word of the alleged crime was still sending tremors Thursday across this Alcona County community of 700.

Residents stared blankly, often stone-faced, when asked about Mark A. Link's death. Police allege the man's son, a seventh-grader, shot him to death with a shotgun before school Wednesday.

"This is a tiny town. Everybody knows what happened because everybody knows everybody," said one local grocery store clerk, declining to give his name. "People are reluctant to talk about it because they're all somehow related. It's too close for comfort."

In a half-dozen of Glennie's dozen main street businesses, residents responded similarly. They acknowledged shock, and little more. "Town business," some called it.

"That's the \$6 million question," said a woman sitting in Glennie's Chat and Chew restaurant.

"What provoked a boy of 13 to do that to his father? No one really knows what happened yet. It's all hearsay."

Nor do they know why it happened, other residents added.

Mark Link, 46, lived with his son in an aged travel trailer on the graveled Fraser Road, three miles south of Glennie. The teen was a student in Oscoda, at Richardson Middle School. The Times could not reach school district officials for comment Thursday.

"It shocks me a lot," said 15-year-old Brandon Thibault, who rode the school bus daily with the Link teenager. "I spent time with him. ... That kid did not seem like he'd do that."

Investigators, too, gave no clues about what may have precipitated Wednesday's deadly shooting.

"This family is totally shocked by the event," Alcona Sheriff Douglas Ellinger said at a press conference Thursday. He would not speculate about motive.

Link was shot about 6 a.m. Wednesday. Emergency crews took a 911 call reporting the shooting moments after it occurred, Ellinger said. The call came from the victim's father, Clifford Link, who lives on property abutting Mark Link's.

When first-responders arrived at the Fraser Road properties, they found Mark Link lying outside his 16-foot camper trailer. Link's home sits about 40 yards from his parent's house, police said.

Ellinger declined to release how many times Link had been shot or at what range. Doctors pronounced Link dead after he arrived by ambulance at Tawas St. Joseph Hospital.

Police found Link's son "near the shooting," Ellinger said. The teen cooperated with authorities when taken into custody. He remains in a Midland County juvenile detention home.

The teenager faces his next hearing Thursday in Alcona County Probate Court. He is charged as a juvenile on an open count of murder.

Prosecutors said Thursday they have the right to ask the court to try the 13-year-old as an adult.

The teen's case would remain in Probate Court, but he would be treated as an adult.

"It's too early in the investigation to draw any solid conclusions about what happened or why," Alcona Prosecutor Thomas Weichel said. "As the case stands, he's charged as a juvenile." As such, the most severe penalty the teen could face is to stay in state custody until he turns 21, Weichel said. If a judge were to order it, however, the boy could face trial and sentencing as an adult, with up to life in prison.

"Am I shocked? A 13-year-old?," Sheriff Ellinger said during his press conference. "For me that's a first in this area. I've been in the department for 28 years. I have no recollection of a case with a suspect as young as this."

Mark Link's funeral is set for 1 p.m. Sunday at Buresh-Bennett Funeral Home in Hale. Notice of the service was posted at Stanger's Party Store in Glennie as soon as operators learned of it Thursday, employees said. Residents said Link had worked at the party store, often with his son. "Yeah, people are asking why," another Glennie businessman said. "The kid probably doesn't even know himself. A spur-of-the-moment type deal, I bet."

- Helen Lounsbury covers regional news for The Times. She can be reach at (800) 727-7661.

Published February 3, 2006

'I felt like a movie star' St. Johns woman wins honors from Michigan Works

By Hugh Leach
Lansing State Journal

ST. JOHNS - Angela Swan-chara was drifting with no real aim in life when responsibility struck.

The St. Johns woman, now 26, assumed parental responsibility for her younger brother and had a baby five years ago. Those events signaled the beginning of positive changes in her life.

"I knew I needed to set goals and become a positive role model," she said.

"Until then, I had no goals and no clue to what I was going to be. I could be dead or alive, and it didn't matter. I had my times with alcohol and drugs and was in jail a few times. I was caught going down a bad road to nowhere."

Those days are behind her, thanks to help from Capital Area Michigan Works and a job with Capital Area Community Services that allows her to help others who may be headed down that same road.

Swanchara was one of 25 people across the state named as a Michigan Works "Alumni of the Year" recently. She was the only one from mid-Michigan.

Michigan Works is a non-profit agency that assists with jobs searches, job training and career counseling.

"I felt like a movie star," she said. "It made me feel like a complete success. I don't think anything can bring me down now."

She's thinking seriously about earning a bachelor's degree and perhaps becoming a supervisor at Capital Area Community Services.

"It's hard for me to believe where I started and where I am now," Swanchara said.

Her parents were both alcoholics and divorced when she was in high school. She and her brother Kenneth, six years younger, went to live with her father. She assumed responsibility for her brother when her dad was sent to prison.

When her daughter, Madison Rozelle Moore, was born, Sw-an-chara said she decided to make major changes in her life. She earned an associate's degree from Baker College and sought help from Capital Area Michigan Works.

"Our focus was getting her employment while she was in college. Then she came back and used us for help in refining her resume and updating her interviewing skills," said Rachel Rosendale, work service coordinator in the Capital Area Michigan Works Clinton County office. "She was very motivated and driven. She had a lot of personal challenges along the way and occasionally went down a side road, but she always got herself back on track."

She started with Capital Area Community Services as an intern, moved up to part-time work in St. Johns, then was hired for a full-time position in Lansing.

"No one can overcome adversity by themselves," Marina Poroshin, Capital Area Community Services expanded homeless services program case manager coordinator. "The individual has to be ready for change. Then the community, the system and business have to help. "

Contact Hugh Leach at 377-1119 or hleach@lsj.com.

February 2, 2006

*Traverse City Eagle
Business News*

Council gets \$10,000 in state funds

FROM STAFF REPORTS

TRAVERSE CITY - The Northwest Michigan Council of Governments will get \$10,000 in state funds to offer employment-related assistance to participants in the agency's Work First program. The money is part of more than \$600,000 available to employment agencies state-wide through the state Department of Labor and Economic Growth.

It's available for work-related expenses including automobile purchases and repairs, clothing and transportation costs.

2/2/2006 11:00:00 AM

Sturgis Journal

United Way sets fundraising record with 2006 campaign

From Staff Reports

The St. Joseph County United Way surpassed its fundraising goal by more than \$25,000, raising a total of \$676,075.

The campaign concluded Tuesday, with this year's pledged amount being an all-time high for the local United Way.

"It was a tough campaign year, with the challenges of Hurricane Katrina and the tsunami," said Kelly Hostetler, executive director of the St. Joseph County United Way. "Thirty days ago, our executive committee was looking at the possibility of reallocating funds to our agencies, and made the decision to notify the community of our struggle of reaching our goal.

"Our plea for help was answered by many people in the community who sent additional individual gifts. We received contributions from the employees at Lear, and last-minute corporate donations from Fifth Third Bank, Wal-Mart, and Eaton Corporation. Once again, the community has come through to show their support of the 43 local agencies we fund, and for that we are very grateful," she said.

The Victory Celebration will be held 4-6 p.m. Feb. 9 at The Carriage Place in Sturgis.

The event is being sponsored by Ross Laboratories.

The public is invited to the event and may RSVP by calling the St. Joseph County United Way office at 467-9099.

Friday, February 03, 2006

Minimum wage hike will hurt vulnerable workers Higher pay mandate would rob young of job chances

The Detroit News

State Democrats, with the backing of Gov. Jennifer Granholm and with the help of organized labor, are mounting a petition drive to get a higher state minimum wage on this fall's ballot. The governor mentioned it in her State of the State address. The move is pure self-interest couched in the rhetoric of compassion.

Nobel Prize-winning economist Gary Becker has put it bluntly: "Hike the minimum wage, and you put people out of work." Economist Thomas Sowell, in his book, "Basic Economics," cites a survey on the proposition that higher minimum wages increase unemployment among low-skilled workers and notes that 90 percent of the U.S. economists participating in the survey agreed.

Cornell economists Richard V. Burkhauser and Joseph J. Sabia, in a 2004 study, estimated that a 10 percent hike in the federal minimum wage would cause an 8.5 percent decrease in the employment of young African-Americans, a 5.7 percent decrease in the employment of teenagers and an 8.5 percent drop in the employment of workers without a high school diploma.

What, then, is the attraction of a higher minimum wage? It creates a higher floor from which higher-paid workers can seek wage increases for themselves -- particularly those in organized labor.

The proposal being floated for the fall ballot would hike Michigan's minimum wage to \$6.85 an hour from the federal standard of \$5.15 per hour -- an increase of 33 percent. Only seven other states would have higher minimum wages.

When states have higher minimum wages than the federal standard, the state standard applies. Last summer, when the issue first came up, The Detroit News interviewed workers and business owners on the topic. Mark Mitra, owner of several Arby's restaurants, told The News that a higher minimum wage would push up pay costs for both his hourly and management workers. Such a "ratchet effect" would be "an unaffordable proposition for me," he said.

If new small businesses aren't opened because of the higher labor costs, it will be an example of what 19th-century economist Frederic Bastiat called the "seen and unseen" effects of policy. A higher minimum wage for one worker would be seen. The failure of a business owner to open a new firm, causing a loss of several jobs, would be unseen. But the lost opportunity for workers would be real.

As petitioners for a higher minimum make their case, speaking of "economic justice" and "compassion," the lost job opportunities for young, unskilled and minority workers should be kept in mind -- along with a clear understanding of who benefits from a higher minimum wage. An unemployed black teenager won't make a campaign contribution to a Democratic politician -- but a labor union will.

State minimum wages

States with highest minimum wages: Washington, \$7.63; Oregon, \$7.50; Alaska, \$7.15; New Jersey, \$7.15; New York, \$7.15 (2007); Connecticut, \$7.40; Vermont, \$7.25.

Minimum wages in Midwest states: Minnesota, \$6.15; Wisconsin, \$5.70; Illinois, \$6.50; Indiana, \$5.15; Michigan, \$5.15; Ohio, \$4.25.

Source: U.S. Department of Labor

Human services group meets

HSCB gives '05 awards and sets '06 priorities

Friday, February 03, 2006

BY LISA CAROLIN
Ann Arbor News Staff Reporter

When it comes to health and human services in Livingston County, lack of affordable and supportive housing, substance abuse help, and transportation are the greatest needs, according to the Human Services Collaborative Body, a group of 26 community leaders.

The group members represent agencies including Community Mental Health, LACASA, the Livingston Educational Service Agency, the county health department and more.

On Jan. 27, dozens of community social services employees and HSCB members came to the HSCB's third annual meeting. HSCB Chairwoman Marilyn Hysen told those gathered at the LESA building that in the coming year the group will be working on an assessment of the future needs of seniors in Livingston County, a population that is projected to triple over the next 20 years.

Judge Susan Reck, a circuit and probate court judge who will be retiring this year, received the 2005 HSCB Leadership Award. Hysen credited Reck with helping to start the HSCB in 1989 with brown bag lunch meetings.

Hysen said, "Judge Reck has been instrumental in creating the Day Treatment program for delinquent youth, which assists them in remaining in the community rather than residential placement. She encourages probation officers to go out into the field and visit youth in their homes, schools and community. Judge Reck has been a quiet but dynamic presence speaking on behalf of children and families."

Reck received a standing ovation, and shared the spotlight with Community Mental Health Director Mac Miller, whom she credited with also helping form the HSCB.

"We expanded and expanded, and our hair turned gray together," said Reck. "This is a bunch of people who really are doers. I think of myself more as a cheerleader than a person who has actually done work."

Also honored at the meeting was the Foster, Adoption and Kinship Services Workgroup (FAKS) as the 2005 HSCB Collaborative Community Team of the Year. The FAKS group, which began its work in 1993, developed local training for potential foster parents as well as a community outreach program to recruit foster parents. As a result of its efforts, the number of licensed foster homes in the county has increased from 44 to 52 in the past year, and 136 percent since 2003.

The FAKS group has also increased the number of foster homes that will accept adolescents from 12 to 25. Local foster and adoptive parent Celine Klecker nominated the FAKS Group because she says it is always looking for ways to help families in the community and to keep children safe.